



# SOUTH LONDON BASEBALL ASSOCIATION INC. EXPENSE REIMBURSEMENT FORM

## EXPENSE INFORMATION

Date of Expense: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Items Purchased (1 per line):

Item	Quantity	Item Cost
TOTAL EXPENSE		\$

## REQUESTOR INFORMATION

Date Reimbursement Requested: \_\_\_\_\_

Requested By: \_\_\_\_\_  
(Note cheque will only be made out to the individual requesting reimbursement).

Please Mail Cheque to: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I have read and understand the South London Baseball Association Inc. conditions for reimbursement (on the back of this form)

Signature: \_\_\_\_\_

**ALL RECEIPTS/ PROOFS OF PURCHASE MUST BE ATTACHED TO THIS CLAIM FOR REIMBURSEMENT TO BE GRANTED**

**SOUTH LONDON BASEBALL ASSOCIATION INC.  
REIMBURSEMENT CONDITIONS**

- By submitting a request for reimbursement you guarantee that all items/services purchased are for the sole benefit and use by the South London Baseball Association Inc.
- All items listed for reimbursement become property of the South London Baseball Association Inc. and will be surrendered to the Board of Directors
- You agree that all items purchased have only been done so with permission granted by the South London Baseball Association Inc. Board of Directors and/or Executive
- You agree that the purchase of any materials/services are not intended to cause bias towards an individual player and/or team or member of the Association
- All receipts and/or proof of purchases shall be included with all reimbursement claims. Reimbursement shall not be provided until such time as receipts and proof of purchases have been received

**OFFICE USE ONLY  
DO NOT WRITE IN THIS SECTION**

Date Received: \_\_\_\_\_

Reimbursement Amount Granted: \_\_\_\_\_

Account(s) Expensed To: \_\_\_\_\_

Special Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date Cheque Issued: \_\_\_\_\_

Cheque Number: \_\_\_\_\_

**REMINDER: ATTACH SUPPORTING INFORMATION TO THIS REQUEST AS APPLICABLE.**